

# GANPATI AUTOMOBILES

Purwa Chauraha, Deoria  
 Mob. - 7704004711, 7704800558

**ESTIMATE**

Owner's Name..... Anupam Singh  
 Address..... Deoria  
 Phone..... 9432602714

Job No. ....  
 Date..... 19/5/26  
 Chasis No. ....  
 Engine No. ....  
 Key No. ....  
 Regn. No. .... UP52 BS 7616  
 Speedmeter Redg. ....  
 Insurance No. ....  
 Model..... Dastini

Dear Sir,

Here Under we are forwarding our estimate for your acceptance, Please sign and return copy to us so that we may take up the work in hand.

S. No.	Details of Job	Qty.	Rate	Amount	
				Rs.	P.
1	Upper Cam	1K	1525	1525	
2	Lower Cam	1K	1395	1395	
3	F. Fender	1K	995	995	
4	F. Floor (R)	1K	2095	2095	
5	Handle Cam	1K	1060	1060	
6	H/L	1K	3720	3720	
7	Master Inner	1K	335	335	
8	F. Inner	1K	780	780	
9	T/L	1K	1100	1100	
0	Liner (R)	1K	1000	1000	
1	Muffler Cam	1K	315	315	
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3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : RAJA SINGH  
 (b) Age : 11/09/1990  
 (c) Address : BELAH  
 (d) Is the Driver  
 1. Owner : NA  
 2. paid driver? : NA  
 3. Owner's relative or friend? : Relative  
 (e) If paid driver, how long has he been in your employment : NA  
 (f) Was he under the influence of intoxication Liquor or drugs? : NA  
 (g) Driving Licence Number : BR 2920120019728  
 (h) Issuing Authority : 27/04/2012  
 (i) Date of Expiry : 26/04/2032  
 (j) Was the licence temporary/permanent : Permanent  
 (k) Details of endorsement/suspension, if any : NA  
 (l) Has he been involved in any accident before?: NA  
 (m) Has he been charged by the policy? If so, Why?: NA

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident NA

5. DETAILS OF ACCIDENT

(a) Date and Time : 15/05/2026 at 06:00PM  
 (b) Place : HAJIKHAI YAM  
 (c) Speed of vehicle at the time of accident : 40KM/H  
 (d) Give a short description of the accident : HAJIKHAI YAM AT BSNL OFFICE WADHAI YAM AT HAJIKHAI  
 (e) If any third party was responsible for this accident give the name and address : YAM AN SINGH SINGH HAJIKHAI YAM AN SINGH SINGH  
HAJIKHAI YAM AN SINGH SINGH HAJIKHAI YAM AN SINGH SINGH

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per Estimated  
 (b) Estimated cost of repairs : 12400  
 (c) When and where can the damaged vehicle be inspected : Granti Automobiles Purna Dain  
-161198997

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name : NA  
 (b) Address : NA  
 (c) Full Details of personal injury sustained : NA  
 (d) Name and address of any person/hospital giving medical attention to injured person : NA  
 (e) Full details of property damaged : NA  
 (f) Has notice of any claim been given to you? : NA



The Oriental Insurance Company Limited  
 (Incorporated in India, subsidiary of General Insurance Corporation of India)  
 Regd. Office: Oriental House, P.B. No.7037, A-25/25, Asaf Ali Road, New Delhi- 110 002

MOTOR CLAIM FORM

Div. Br. Office Address \_\_\_\_\_

Certificate/Policy No. MS/2025/7001/0/46575/448131

Tel. No. \_\_\_\_\_

Period of Insurance 11/06/25 to 10/8/26

Claim No. \_\_\_\_\_

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY  
 Please answer All relevant questions fully

1. INSURED  
 (a) Name : ANUPAM SINGH  
 (b) Address for correspondence : MAHARNA  
 (c) Telephone : 9438602714

2. THE INSURED VEHICLE

Make & Year <u>Hero-2022</u>	Engine No. <u>* 05439</u> Chassis No. <u>* 04533</u>	Registration No. <u>UP52BS7616</u>
---------------------------------	---------------------------------------------------------	---------------------------------------

(a) Was the vehicle in proper working condition? YES  
 (b) For what purpose was the vehicle being used at the time of accident? Personal Use  
 (c) Was trailer attached?  
 (d) If a Motor Cycle/scooter  
 1. Was a side-car attached NA  
 2. Was a pillion rider carried NA

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only:

(a) Registered laden weight : \_\_\_\_\_  
 (b) Unladen Weight : \_\_\_\_\_  
 (c) Weight of goods carried/Load Challan No. : \_\_\_\_\_  
 (d) Nature of permit : \_\_\_\_\_  
 (e) Nature of goods carried : \_\_\_\_\_  
 (f) Was the vehicle plying for hire : \_\_\_\_\_ NA  
 (g) If Lorry/Jeep/Tractor, was trailer attached? : \_\_\_\_\_  
 (h) Number of passengers carried : \_\_\_\_\_  
 (i) Number of Passenger permitted : \_\_\_\_\_



8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? \_\_\_\_\_
- (b) If yes, give full details \_\_\_\_\_ / NA

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any \_\_\_\_\_
- (b) Did a Police Constable take particulars of The accident? \_\_\_\_\_
- (c) Was accident reported to Police? If not, Why? : \_\_\_\_\_ NA
- (d) If yes, to which Police Station? \_\_\_\_\_
- (e) Date and Diary No. \_\_\_\_\_

10. THEFT

- (a) Date and Time \_\_\_\_\_
- (b) Place \_\_\_\_\_
- (c) What was stolen? \_\_\_\_\_
- (d) Estimated cost of replacement? \_\_\_\_\_
- (e) By whom discovered and reported? \_\_\_\_\_
- (f) Has theft been reported to Police? \_\_\_\_\_
- (g) When? \_\_\_\_\_ NA
- (h) Which Police Station? \_\_\_\_\_
- (i) C.R. diary Number \_\_\_\_\_

I/we the above named do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement every respect and I/We have made or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement of any suppression or concealment, the Policy shall be void and all rights to receive thereunder in respect of part or future accident shall be forfeited.

Date 18/5/26 200

Signature of the insured S. S. K. K. K.

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. \_\_\_\_\_

Issuing Office



The Oriental Insurance Company Limited  
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

Received \_\_\_\_\_ Day of \_\_\_\_\_ 200\_\_\_\_  
From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. \_\_\_\_\_  
(In words Rupees \_\_\_\_\_)  
in full and final settlement of the loss and/or damage caused through the accident to  
my/our motor Car/Vehicle No. \_\_\_\_\_ insured under Policy No. \_\_\_\_\_ of  
the said company and accident which occurred on or about \_\_\_\_\_ I/We give  
the discharge receipt to the Company in full and final settlement of all my/our claims  
present of future arising directly/indirectly in respect of the said accident.

Rs. \_\_\_\_\_

One Rupee  
Revenue Stamp  
When Amount  
Exceeds Rs. 5000/-

Witness  
Name .....  
Signature .....  
Address .....

Signature ...*[Handwritten Signature]*.....  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52BQ7616 Registration Date : 29-May-2022  
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, ...  
 Owner Name : ANUPAM SINGH Son/wife/daughter of : AWADHESH SINGH  
 Full Address: (Permanent) : VILL WARD NO 13 MAHARANA PRATAP, NAGAR BHUJAUJI COLONY, DEORIA, DEORIA,  
 UTTAR PRADESH-274001  
 Full Address: (Temporary) : VILL WARD NO 13 MAHARANA PRATAP, NAGAR BHUJAUJI COLONY, DEORIA, DEORIA-  
 UTTAR PRADESH-274001

Fitness Up To : 28-May-2037 Tax Up To : One Time  
 Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :  
 Ownership : INDIVIDUAL Norms : BHARAT STAGE VI  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA1020213793 Rear HSRP No : AA1020016451  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 05/2022  
 No of Cylinders : 1 Chassis No : MBLJFW245NGE04533  
 Engine No : JF17EANGE05439 Fuel : PETROL  
 Horse Power(BHP) : 8.98 Cubic Capacity : 124.60  
 Maker's Classification : DESTINI 125 (VX) Wheel base : 1245  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 114  
 Colour : METALLIC NEXUS BLUE Laden/GV Wt (kgs) : 244  
 Other Criteria : AC Fitted : NO  
 Vehicle Purchase As : Fully Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

By Manuf.	Description	As Regd.	Weight(in kgs)
a) Front:			
b) Rear:			
c) Other:			
d) Tandem:			

The motor vehicle above described is subject to Hypothecation in favour of w.e.f. .

Purchase dt : 23-May-2022 Sale Amt : 82190/-  
 OTT Date : 23-May-2022 Amount/Rcpt No : 8219 / UP52D22050004569  
 Tax Up To : One Time Vehicle is Govt/ Pvt. : PRIVATE  
 Tax Exempted or Not : NOT EXEMPTED Date of Approval : 01-Jun-2022  
 Other State/Transfer/Conversion Details  
 Previous Owner : Previous RegNo :  
 Old State : Entry Date :  
 Transfer Date : Conversion Date :

This certificate is valid from 29-May-2022 to 28-May-2037

Date : 07-Jul-2022 10:59:19

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date : 07-Jul-2022

N 3089442

# Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2025/7001/0/46575/448196

Motorsathi Care Private Limited  
 17, Shastri Nagar, Meerut, Uttar Pradesh, (250004) India  
 Contact us at:  
 Phone: +91 79410 50643  
 Email: info@motorsathi.com  
 Visit the help section of [www.motorsathi.com](http://www.motorsathi.com)

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
KUMARI ANUPAM SINGH	1998-12-31	9453494149		Hero	DESTINI	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
		JF17EANG05439	MBLJFW245NGE04533			TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
0.95	NA	0.00	0.00	0.00	0.95	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (Incl. GST)	
	Solo		---	2	1336.05	
Address			City / District	Pin Code	State	
					Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
AWADHESH SINGH	Male	61 Years	FATHER	2025-06-11 00:00	Midnight of 2026-06-10	

Section A, VRC: 226.20 TCR: 384.09 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA Bonus ND Discount (Default) Total with GST(A) 744.25

Section B, EC: 0.00 EC Service: 0.00 ECPD: 0.00 Sub Total: 0.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 Total(B): 0.00 GST (CGST @9% + SGST @9%) (B): 0.00 Total with GST(B): 0.00

Section C, MS Services(O): 241.53 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 43.47 Total MS Services with GST(C): 285.00

Section D, Drive Assure: 240.00 AHDC, DOC 6 Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 46.80 Total with GST(D): 306.80

**Total(Section A+B+C+D) Offered Price After Discount: 1336**

Package Period Covered	2025-06-11 To 2026-06-10	2026-06-11 To 2027-06-10	2027-06-11 To 2028-06-10	2028-06-11 To 2029-06-10	2029-06-11 To 2030-06-10
ADV	0.95	NIL	NIL	NIL	NIL
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

\*THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY.

**LIMITATIONS AS TO USE:** This package covers use of the vehicle for any purpose other than: a) Hire or Reward b) Carriage of goods (other than samples or personal luggage) c) Organized Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.

**DRIVER:** Any person including covered individual. Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from Holding or obtaining such a license. Provided also that the person holding an effective Learners License may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules, 1989

**LIMIT OF ACCOUNTABILITY:** Limit of the amount of the Company's accountability in respect of any one request or series of requests arising out of one event: Up to Rs - 100000/ Note: The amount mentioned is estimated breakup. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal [www.motorsathi.com](http://www.motorsathi.com) or Motorsathi App.

**DISCLAIMER:** The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, misrepresentation, nondisclosure of material fact or non-co-operation of the coverage.

**ANTI MONEY LAUNDERING CLAUSE:** In the event of a request under the package exceeding Rs 1lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability will comply with the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

**TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: [www.motorsathi.com](http://www.motorsathi.com) Customer Care / Toll Free Phone No.:7941050643 email id: [info@motorsathi.com](mailto:info@motorsathi.com)**



**IMPORTANT NOTICE:** The coverage is not indemnified if the vehicle is used or driven otherwise than in accordance with this Schedule. Any payment made by the company by reason of wider terms appearing in the Certificate. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Meerut.

#: Received with Thanks Rs 1336.95 ON 2025-06-11 from Mr./Ms. KUMARI ANUPAM SINGH  
 The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions\*  
 (Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsement: IMT - 22, 16, 18  
 Customer Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India

# INDIAN DRIVING LICENCE

GOVERNMENT OF BIHAR

DL : BR-2920120019728

FORM-7

Name : RAJA SINGH  
S/W/D of : BADSHAH SINGH  
Address : AT BELAHI, PO  
BHAWRAJPUR, PS  
ANDAR, SWAN



Valid Till (Transport)

Valid Till (Non-Transport)

25-04-2012

DOB : 11-09-1980

BG O+

• Authorisation to drive the following vehicle class throughout India.

Type of Vehicles : LMV NT MCWG Only

Signature of Holder

*Raja Singh*

ISSUED BY : REGIONAL AUTHORITY

Issued on : 27-04-2012

531017

DL : BR-2920120019728

Original LA : DTO, SWAN

Old DL No :

Date Of Issue : 27-04-2012

Class Of Vehicles:

Vehicle Class	Issue Date
LMV-NT	27-04-2012
MCWG	27-04-2012





भारत सरकार  
GOVERNMENT OF INDIA



कुमारी अनुपम सिंह  
Kumari Anupam Singh  
जन्म तिथि/ DOB: 31/12/1998  
महिला / FEMALE



9614 9755 5586

मेरा आधार, मेरी पहचान



मातृत्व योजना पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

Address

D/O श्री अवधेश कुमार सिंह,  
महाराणा प्रताप कॉलोनी  
वार्ड न. १३, देवरिया,  
देवरिया,  
उत्तर प्रदेश - 274001

D/O Shri Awadhesh  
Kumar Singh, maharana  
pratap colony ward n.13,  
Deoria, Deoria,  
Uttar Pradesh - 274001



1947  
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

P.O. Box No.1947,  
Bengaluru-560 001



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आयकर विभाग  
INCOME TAX DEPARTMENT

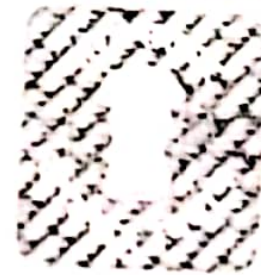


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

HMEPS5179F



नाम/ Name  
KUMARI ANUPAM SINGH

पिता का नाम/ Father's Name  
AWADHESH KUMAR SINGH

जन्म की तारीख/ Date of Birth  
31/12/1998

अनुपम सिंह

हस्ताक्षर/ Signature



04022017



# INDIAN DRIVING LICENCE

GOVERNMENT OF BIHAR

DL : BR-2920120019728

FORM-7

Name : **RAJA SINGH**  
S/WID of : **BADSHAH SINGH**  
Address : **AT BELAHI, PO  
BHAWRAJPUR, PS  
ANDAR, SIWAN**



Valid Till (Transport)

Valid Till (Non-Transport)

23-04-2032

DOB : 11-09-1990 BG O+

Badge No :  
\* Authorization to drive the following vehicle class throughout India. *R.S. Singh*  
Signature of Holder

Type of Vehicles : LMV NT MCWG Only

Issuing Authority

Issued on : 27-04-2012

531017

DL : BR-2920120019728

Original LA : DTO, SIWAN

Old DL No :

Date Of Issue : 27-04-2012

Class Of Vehicles:

Vehicle Class	Issue Date
LMV-NT	27-04-2012
MCWG	27-04-2012